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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NMle APD*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *APD*

UNITED KINGDOM 0219773.9 08/24/2002

UNITED KINGDOM 0306799.8 03/25/2003

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

09/17/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 2	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Examiner's Signature</i> <i>APC</i> Initials				

## ADDRESS

021395

## TITLE

Medico-surgical instruments

FILING FEE RECEIVED 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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